

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

|  |  |   |  |
|--|--|---|--|
| 1. (a) NAME OF COMMITTEE IN FULL<br><b>HUMAN RIGHTS CAMPAIGN FUND POLITICAL ACTION COMMITTEE</b> |  | <input type="checkbox"/> (Check if name is changed)   | 2. DATE<br><b>FEBRUARY 14, 1995</b>              |
| (b) Number and Street Address<br><b>1101 14TH STREET, NW #200</b>                                |  | <input type="checkbox"/> (Check if address is changed)<br><b>Feb 21 1995</b>                              | 3. FEC IDENTIFICATION NUMBER<br><b>C00235853</b> |
| (c) City, State and ZIP Code<br><b>WASHINGTON DC 20005</b>                                       |  | 4. IS THIS STATEMENT AN AMENDMENT?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

|                   |                             |               |                |
|-------------------|-----------------------------|---------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|

- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

| Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|--|------------------------------|--------------|
|  |                              |              |

Type of Connected Organization

- Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

|   |   |  |
|---|---|--|
| Full Name<br><b>GEORGE P. GATES, CONTROLLER</b> | Mailing Address<br><b>1101 14TH STREET, NW #200<br/>WASHINGTON DC 20005</b> | Title or Position<br><b>CONTROLLER</b> |
|---|---|--|

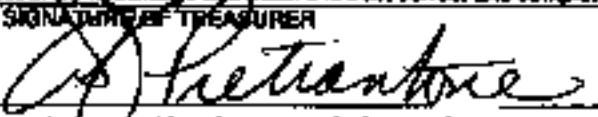
8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

|                                     |  |                                       |
|-------------------------------------|--|---------------------------------------|
| Full Name<br><b>ELIZABETH BIRCH</b> | Mailing Address<br><b>1101 14TH ST. NW, #200 WASH. DC, 20005</b> | Title or Position<br><b>TREASURER</b> |
| ANTHONY J. PIETRANTONE              | 1101 14TH ST. NW, #200 WASH. DC, 20005                           | ASSISTANT TREASURER                   |

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

|   |   |
|---|---|
| Name of Bank, Depository, etc.<br><b>NATIONS BANK, NA</b> | Mailing Address and ZIP Code<br><b>1801 K STREET, SECOND FLOOR<br/>WASHINGTON, DC 20006</b> |
|---|---|

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

|                                 |  |                        |
|---------------------------------|--|------------------------|
| TYPE OR PRINT NAME OF TREASURER | SIGNATURE OF TREASURER<br> | DATE<br><b>2/17/95</b> |
|---------------------------------|--|------------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-376-3120

**FEC FORM 1**  
(revised 4/87)